

# CEIAS CAPSTONE PURCHASE REQUEST FORM

Department: CECMEE  CS  EE  ME  SICCS  Request Date: \_\_\_\_\_  
 Course Section: \_\_\_\_\_  
 Capstone Instructor: \_\_\_\_\_ Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Team#: \_\_\_\_\_  
 Budget Liaison: \_\_\_\_\_ Funding Source: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone#: \_\_\_\_\_

**Brief Description of Project:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Is this a reimbursement?** Yes  No

If Yes... Purchaser's Name: \_\_\_\_\_ NAU ID# \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

- A NAU Vendor Authorization form must be completed, signed and returned to [NAU-FINAdmin@nau.edu](mailto:NAU-FINAdmin@nau.edu) or your reimbursement will **not** be processed.
- Attach a scanned copy of your itemized receipt, that includes each of the below listed items, to establish proof of purchase.

## PARTS & SUPPLY REQUEST

Please provide a detailed description for each request item and include weblink whenever possible.

Vendor Name	Description of Item	Item or Catalog #	Size/Color	Quantity	Discount Code	Total Cost <small>(including tax &amp; shipping)</small>

**Preferred Shipping Options**    *\*By default, all purchases will be shipped to the Engineering Building (Bld.#69), please specify another NAU building as needed, or request an alternate address with justification.*

Method: Standard (3-10 day)     Cheapest     Other: \_\_\_\_\_

Delivery Location: Engineering (Bld.#69)     SICCS (Bld.#90)     Other (Bld.#) \_\_\_\_\_

Other Non-NAU Address: \_\_\_\_\_

Other Address Justification: \_\_\_\_\_

For questions, please contact the Service Team at [NAU-FINAdmin@nau.edu](mailto:NAU-FINAdmin@nau.edu) or 928-523-7782 during regular NAU business hours.